

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 375)

Serial No. 10/820144

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
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18				1		
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26				1		
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28				1		
29				1		
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31				1		
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39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓	10	↓		↓
TOTAL DEP.	←		45	←		←
TOTAL CLAIMS			55			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	76					